

Psychiatry and same sex marriage: are we involved?

On 1 December 2005, the Constitutional Court made a judgement legalising same-sex marriages, effectively making South Africa one of just five countries worldwide that have removed legal barriers to gay and lesbian unions. The ruling includes the right to adopt children for gay and lesbian couples. The only restriction recognised by the Court was that marriage officers could refuse to marry homosexual couples if it was against their conscience. South Africa is now the first African nation to parallel heterosexual and homosexual relationships in a legal context. Our constitution, introduced in 1996, was the first in the world to prohibit discrimination of sexual and other minorities.

While the ruling political party, opposition party and many churches responded favourably to the ruling, population surveys have documented that most South Africans are uncomfortable with homosexuality. Traditional leaders, such as Zulu King Goodwill Zwelithini, have repeatedly labelled homosexuality as "un-African". He has accused homosexuals of confusing children and tarnishing the image of the Zulu nation.¹

Despite this opposition, South Africa is the first African nation endorsing gay and lesbian marriages at a time when many other African states - notably in East and Southern Africa - are enacting laws prohibiting same-sex unions. In Nigeria, Justice Minister Bayo Ojo called homosexual unions 'unnatural and un-African'.²

So far, only Canada, Belgium, the Netherlands, Sweden, Spain and a few states in the USA give equal marriage rights to same sex couples, while a great number of European countries recognise homosexual unions.

As psychiatrists, we need to be aware of this ruling given the fact that our profession has previously discriminated against homosexual unions. Gay and lesbian individuals in past generations suffered at the hands of psychiatrists. It was only in 1973, that the American Psychiatric Association (APA) removed homosexuality from its list of mental disorders (Diagnostic and Statistical Manual, DSM-II). The public statement read:

'Whereas homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities, therefore, be it resolved that the American Psychiatric Association deplores all public and private discrimination against homosexuals...'³

The American Psychological Association also agreed that homosexuality is neither a form nor symptom of mental illness in 1974.⁴ This was followed by the World Health Organisation's acceptance of the APA's view. The diagnosis of homosexuality was removed from the International Classification of Diseases (ICD-10) in 1992.⁵

In treating patients today, we need to be sensitised to the

variety of family structures we encounter. No longer do psychiatrists treat the traditional nuclear family structure. Our patients come from a range of domestic backgrounds including step siblings, half siblings, same sex parents and transracial adoptions.

In general, there is little research analysing the social and psychological effects of being homosexual. Discrimination and social prejudice do exist in our society. Preliminary research, mainly from the USA, is showing an increased toll of stress related psychiatric disorders (such as anxiety, mood and substance use disorders) in lesbian, gay, and bisexual populations. This was demonstrated in a recent meta-analysis of population-based epidemiological studies. Meyer refers to "minority stress" to explain the negative effects associated with social discrimination against minority groups.⁶

As psychiatrists, we also need to familiarise ourselves with the prejudices concerning homosexuality. There has been some research examining these prejudices, which we should examine. Although the research is in its infancy, the conclusions are noteworthy.

One of these discriminatory views is that gay couples cannot form lasting, deep emotional attachments and commitments.

However, research on gay and lesbian couples has shown that most lesbians and gay men desire and achieve intimate relationships. For example, American empirical studies have found that between 40% and 60% of gay men and between 45% and 80% of lesbians are involved in steady relationships at a given time.^{7,8}

While the majority of lesbians and gay men report that they are in a committed relationship, in most instances, the partnerships are not legally recognised. Celebrating the union in a wedding ceremony is common, even if not recognised by the state. Nevertheless, couples are not accorded the same legal rights and responsibilities as those of legally married heterosexual couples. This lack of legal marriage for homosexual couples may cause psychological harm. The research performed on heterosexual couples clearly identifies marital disruption as a precursor for poor mental health. Preliminary research shows that legal marriage can provide important mental health benefits, both to members of same sex couples and to the wider community.

Another prejudice is that same sex couples are bad parents to their children, biological or adopted. However, scientific research reveals no significant difference in parenting styles.⁹

No differences were found between the mothering skills of lesbian and heterosexual women.¹⁰

Gay men are increasingly taking on the responsibilities of parenting children. One study, which compared parenting

styles of homosexual and heterosexual fathers, concluded that "gay fathers are similar to (heterosexual) fathers in their overall parenting abilities and skills."¹¹

Such research suggests that the "gay fathers are at least equal to heterosexual fathers in the quality of their parenting."¹²

In summary, the literature in this area concludes that sexual orientation does not render homosexual parents unfit. In fact, they are as likely to provide loving and supportive environments for their children as heterosexual parents.

Another commonly held prejudice is that the children of homosexual parents will become homosexual themselves. However, according to several studies, the rates of homosexuality do not differ according to the sexual orientation of the parents. On such study cites that the "children of lesbian mothers and gay fathers appear to be normal in gender identity, gender role, sexual orientation, and social adjustment".¹³

Hence, it appears that the Constitutional Court's ruling is a positive move that is in accordance with all the scientific literature supporting same sex couples and parenting. Although much remains to be elucidated and explored, psychiatrists need to keep abreast with the literature in this field.

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